

# APPLICATION FOR EMPLOYMENT

QUESTIONNAIRE  
AN EQUAL  
OPPORTUNITY EMPLOYER

## City of Malvern

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
ARE YOU 18 YEARS OLD OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		TELEPHONE NUMBER	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe condition:  			
Do you have the legal right to work and remain in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, can you produce evidence of U.S. citizenship or legal work status within three (3) days? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START WORK	SALARY DESIRED
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Are you 18 years old or older? ☐ Yes ☐ No

## EMPLOYMENT HISTORY

ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER YES <input type="checkbox"/> NO <input type="checkbox"/>	
LIST YOUR EMPLOYERS (STARTING WITH MOST RECENT)			
NAME OF EMPLOYER		ADDRESS OF EMPLOYER	
TELEPHONE NUMBER			
YOUR POSITION		NAME OF LAST SUPERVISOR	
DATES OF EMPLOYMENT FROM TO		FINAL WAGES \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER YEAR	
DESCRIPTION OF WORK		REASON FOR LEAVING	
NAME OF EMPLOYER		ADDRESS OF EMPLOYER	
TELEPHONE NUMBER			
YOUR POSITION		NAME OF LAST SUPERVISOR	
DATES OF EMPLOYMENT FROM TO		FINAL WAGES \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER YEAR	
DESCRIPTION OF WORK		REASON FOR LEAVING	
NAME OF EMPLOYER		ADDRESS OF EMPLOYER	
TELEPHONE NUMBER			
YOUR POSITION		NAME OF LAST SUPERVISOR	
DATES OF EMPLOYMENT FROM TO		FINAL WAGES \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER YEAR	
DESCRIPTION OF WORK		REASON FOR LEAVING	

## EMPLOYMENT HISTORY - Cont.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER
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TELEPHONE NUMBER			
YOUR POSITION		NAME OF LAST SUPERVISOR	
DATES OF EMPLOYMENT FROM                      TO		FINAL WAGES \$ _____ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER YEAR	
DESCRIPTION OF WORK		REASON FOR LEAVING	

## EDUCATION

SCHOOL LEVEL	NAME OF SCHOOL AND LOCATION	Year Graduated	Major	Diploma / Degrees
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Do you have a current commercial driver's license? \_\_\_\_\_

## JOB SKILLS

LIST ANY JOB SKILLS OR SPECIAL TRAINING YOU HAVE FOR THE POSITION YOU ARE APPLYING FOR

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## REFERENCES

GIVE THE NAME OF THREE PERSONS YOU HAVE KNOWN FOR AT LEAST ONE YEAR. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

	NAME	ADDRESS / PHONE #	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

## MILITARY SERVICE

BRANCH OF SERVICE	DISCHARGE DATE RANK
COMMENTS	

DO NOT WRITE ON THIS PAGE  
FOR INTERVIEWERS USE ONLY

INTERVIEWED BY	DATE
COMMENTS:	

INTERVIEWED BY	DATE
COMMENTS:	

INTERVIEWED BY	DATE
COMMENTS:	

HIRED FOR DIVISION		POSITION	
DATE		STARTING SALARY	
WILL REPORT (DATE)			
APPROVED BY	DIVISION SUPERVISOR	DATE	
APPROVED BY	GENERAL MANAGER	DATE	



## EMPLOYEE STATEMENT

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements answers to question. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the City of Malvern or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be as valid as the original.

I understand that my appointment will be at the discretion of the department head, subject, to the approval of the Mayor and that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant: \_\_\_\_\_

Date of Signature \_\_\_\_\_

## APPLICANT INFORMATION FOR RECORD KEEPING REQUIREMENTS

(Answer All Question and Please Print)

The City of Malvern is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize your opportunity for employment with the City of Malvern.

Name: \_\_\_\_\_

### SEX AND RACE/ETHNIC IDENTIFICATION

SEX: Male ☐ Female ☐ (Check One)

**RACE / ETHNIC:** For the purpose of Equal Opportunity, race/ethnic categories are identified as follows. Please check the category which identifies your race/ethnic background.

- ☐ **WHITE** (not of Hispanic origin). All persons having origin in any of the original peoples of Europe, North American or the Middle East.
- ☐ **BLACK** (not of Hispanic origin). All persons having origin in any of the Black racial groups of Africa.
- ☐ **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ **ASIAN OR PACIFIC ISLANDERS:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands (Ex: China, Japan, Korea, The Philippine Islands and Samoa).

☐ **OTHER:**

I understand that I am protected by various laws prohibiting discrimination on the basis of race, color, national origin, sex, religion, age and, in some circumstances, disability or veteran status. I further understand that the information contained in this form is to be used solely in equal employment record keeping, reporting and other legal requirements. I also understand that this information will be kept in the strictest of confidence and will not be disclosed to others except for the above stated purpose and then only if necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: The information provided on this form will be kept separate from the employment application form.